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APPLICANTS
 Steven D. Kloos, Chanhassen, MN;
 Philip M. Rolchigo, Pittstown, NJ;
 Christopher J. Kurth, Chaska, MN;
 Chia Kung, Eden Prairie, MN;
 Thomas J. Cartwright, Albertville, MN;
 Richard M. Reckin, Colgate, WI;
 Kenneth J. Sieth, Delafield, WI;

**** CONTINUING DATA *******
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**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No		MN	20	43	7
Verified and /KRISHNAN S MENON/ Acknowledged Examiner's Signature	Initials				

ADDRESS
 SCHWEGMAN, LUNDBERG & WOESSNER, P.A.
 P.O. BOX 2938
 MINNEAPOLIS, MN 55402
 UNITED STATES

TITLE
 Residential reverse osmosis system

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